

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10790643 03-01-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
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50	47					
TOTAL IND.	47					
TOTAL DEP.	4					
TOTAL CLAIMS	51					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						